

## Docket No: 2787 (203-3103 PCT US)

EXAMINER: Julian W. Woo

GROUP: Art Unit 3731

DATED: October 1, 2008

## SURGICAL CLIP APPLIER WITH HIGH TORQUE JAWS

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27
- ☒ No additional fee is required.

The fee has been calculated as shown below:

		(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL	* 30	MINUS	** 30	= 0		x 25=	\$			OR	x 50=	\$
INDEP.	* 5	MINUS	*** 5	= 0		x 105=	\$				x 210=	\$
						x 185=	\$				x 370=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						TOTAL	\$ 0.00			TOTAL	\$ 0.00	

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

<sup>\*\*</sup> If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

\*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

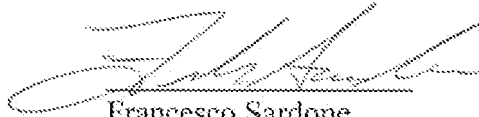
I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

Dated: October 1, 2008

Nicole Rispono

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$\_\_\_\_\_.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,



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